

FaDSS APPLICATION FOR RENEWAL

Three-Year Grant

7-1-16 through 6-30-19

INSTRUCTIONS

For further information contact:

Department of Human Rights
Division of Community Action Agencies
Iowa Department of Human Rights
Lucas State Office Building, 2nd Floor
Des Moines, IA 50319

Telephone: (515) 725-2968 Kelly Davydov, kelly.davydov@iowa.gov
(515) 281-5938 Tim Fitzpatrick or tim.fitzpatrick@iowa.gov
(515) 281-3791 Lorie Easter or lorie.easter@iowa.gov
(515) 281-3861 Marcia Thompson or marcia.thompson@iowa.gov .

OVERVIEW

FAMILY DEVELOPMENT AND SELF-SUFFICIENCY (FaDSS) GRANT PROGRAM

ELIGIBILITY CRITERIA:

Only current FaDSS grant recipients may apply for renewal.

The grant is divided into eight sections, not including Cover Page. Except where forms are provided to complete, use the headings under each section as templates to make your response. Make your response to each section in the corresponding italicized and underlined headings. The forms that will be provided include all budget documents, staffing grid, and Assurances page. Please be concise in your response. You may use a bulleted, outline format where appropriate. The application with original signature on the Assurances page plus six copies must be received by the Department of Human Rights before 4:30 p.m. on March 8, 2016. **No faxed applications will be accepted.** Please use a 10 point type face or larger throughout the document.

TERMS AND CONDITIONS OF AWARD:

This application is for a **three-year term** (7/1/16 – 6/30/19), contingent upon annual program reviews and funding. FaDSS grant recipients will be expected to comply with all applicable state and federal guidelines, laws and regulations. Additional information regarding the terms and conditions of award is available from the Department of Human Rights (hereafter referred to as DHR).

FUNDING LEVELS:

Grantees are instructed to develop plans based on current allocations. If the Legislature provides an increase in funding or if any slots are returned it will be awarded through a separate process.

This application is for a three-year period however, contracts will be written on an annual basis. The Council may select or modify standards for renewal during the course of the grant period.

OTHER SUPPORT:

FaDSS is a community-based program and it is expected that the local community would support FaDSS through Other Supports. Other Supports is broken into three categories: 1) Local Funds; 2) Co-Funds; and 3) In-Kind.

Local Funds

Local Funds are cash funds restricted by donors for use in the FaDSS program. Examples of local funds include:

- County Board of supervisors contributes funding and designates that it is to be for the FaDSS program.
- Local community member donates \$50 a month to be used for FaDSS families in crisis.
- Local business donates cash for FaDSS to use for the general operation of the program.

Co-Funds

Co-Funds are funding/services that the organization budgets for support of the FaDSS program. Examples of co-funds include:

- Community Services Block Grant (CSBG) utilized for operation of the FaDSS program.
- Other State/federal/unrestricted funding that the organization and the organization, via the budgeting process, commit to utilize for operation of the FaDSS program.
- Time committed by employee's of the organization that is not billed to the FaDSS program and not considered the indirect cost rate.

In - Kind

In-kind supports are contributions provided by a third party. These supports may in the form of goods or services, other than cash and come from outside of the organization. These supports must directly benefit the program.

Examples of in-kind contributions include:

- **Goods**, like computers, software, furniture, and office equipment
- **Services**, like meeting space, photocopy and mail services
- **Expertise**, like legal, tax, or business advice; marketing and web site development; and strategic planning

**FAMILY DEVELOPMENT AND SELF-SUFFICIENCY (FaDSS)
GRANT PROGRAM
INSTRUCTIONS FOR THE RENEWAL APPLICATION
For the program period beginning July 1, 2016 and ending June 30, 2019**

COVER SHEET - Please include the following headings:

1. **Applicant's Legal Name:** Enter the official name of the applicant organization. For consortium and multi-organization programs, enter the legal name of the entity with which a contract will be prepared.
2. **Applicant's Mailing Address:** Enter the address to which contracts are to be mailed.
3. **Program Name:** For programs, which operate under a different name than the organization name, enter the program name.
4. **Organization Executive Director:** Enter the name of the chief executive officer or director of the applicant organization, and the appropriate e-mail address, telephone and FAX numbers.
5. **FaDSS Program Coordinator:** Enter the name of the person responsible for overseeing the daily operations of the FaDSS staff and program, and the appropriate e-mail address, telephone and FAX numbers. This person will typically supervise FaDSS Specialists and complete data collection and reporting for the FaDSS program.
6. **Fiscal Contact Person:** Enter the name of the applicant's fiscal officer or controller who will be fiscally responsible for the FaDSS grant, and the appropriate e-mail address, telephone and FAX numbers.

BUDGET SUMMARY: Reminder, this is a yearly budget not a three-year budget.

- Enter the Total Program Costs figure, (FaDSS Contract + Other Supports)
- Enter the Base FaDSS funds to be received from DHR,
- Enter the Planned Family Capacity,
- Enter the Other Supports figure, NOTE: This is a combination of any local, in-kind or co-funding of the FaDSS program beyond the FaDSS contract figure.

Original Applications will need duly authorized signature.

The person authorized to enter the organization into contracts must sign the Assurances page.

Section One: Staffing Grid

Instructions: This grid must include all people that work in the FaDSS program that are paid with base FaDSS funds or Other Support funds.

- Provide job descriptions for each position included on the staffing grid. The job description for staff who supervise personnel who provide direct family development services are required to include at a minimum the following:
 - An advance degree in health, education, or human service field; or
 - a bachelor's degree in a health, education, or human service field and two years' of experience working with children and families; or
 - an associate's degree in a health, education or human service field and four years of experience working with children and families.

Provide your agencies salary ranges for each position funded.

FaDSS Family Development Specialist

Job Description Attached (provided by grantee)

Name of staff person	Assigned Service Area	FaDSS Caseload	FaDSS FTE	Other Duties FTE (non FaDSS)	FaDSS Annual salary	Total Annual Salary	Indicate if FaDSS FTE % determined by time study or cost allocation plan	Highest Education Level and major field of study Example: BA – Social Work

Specialist Annual Salary Range:

FaDSS Leadership Staff

Name of staff person	Job Title	Assigned Service Area	FaDSS FTE	Other Duties FTE (non FaDSS)	FaDSS Annual salary	Total Annual Salary	Indicate if FaDSS % determined by time study or cost allocation plan	Highest Education Level and major field of study Example: BA – Social Work

FaDSS Coordinator Annual Salary Range

FaDSS Support Staff

Name of staff person	Job Title	FaDSS FTE	Other Duties FTE (non FaDSS)	FaDSS Annual salary	Total Annual Salary	Indicate if FaDSS % determined by time study or cost allocation plan

Section Two: Vacancy Plan

Instructions: The expectation is that service intensity and capacity are maintained for all programs.

Discuss your plan to maintain service intensity and capacity in the event of staff vacancies (at both the specialist and coordinator levels). Your plan should address the following types of vacancies: 1) short-term, 2) long-term, 3) planned, 4) unplanned, and 5) multiple (concurrent) vacancies. Additionally, your plan should address the following elements: 1) how service intensity is maintained for enrolled families, 2) how overall program capacity is

maintained, 3) impacts on or changes to the program referral process, and 4) provision of supervision in the event of a coordinator absence.

Further, describe or provide the following: 1) your staff turnover rate for the last three years, 2) your process for hiring new staff, including typical hiring timelines, and 3) the ongoing efforts reduce staff turnover, including ongoing support provided to new and existing staff (beyond orientation).

Section Three: Supervision

Instructions: Include individual meetings as well as group supervision. Include not just frequency but content of such meetings. You must assure that specialists receive two supervisory contacts per month.

Individual supervisory meetings: Discuss how 1:1 supervision occurs, specifically how supervisors address the following:

- review of all families,
- review of service intensity in the third month of service and ongoing,
- the criteria by which service intensity may increase or decrease.
- Location and method of 1:1 meetings

You can provide copies of any tracking mechanisms used in documenting supervisors contacts with specialists. These include samples of tracking sheets for reviewing the entire caseload of the specialist, tracking of service intensity changes including those occurring in the third month of service.

Group or team meetings: Also include a discussion of group supervision. In this discussion you can provide a copy of a sample team meeting agenda. Describe the process by which cases may be staffed during group meetings.

Supervision of the Coordinator: Make sure you include supervision of the FaDSS Coordinator and Supervisors, regardless if they carry a case load or not. Include who supervises them and how often meetings occur. Provide a general description of the content of these meetings. For Supervisors/ Coordinators who carry caseloads, describe the process for supervising their caseloads.

Section Four: Professional Development and Support Plan

Instructions: Professional development opportunities can be provided through formalized training, such as classes, conferences; or through supervision opportunities in 1:1 meetings and team meetings. Use the format provided below to describe your professional development and support plan. Include in your discussion how professional development opportunities are provided in a culturally competent manner, promoting respect and encourage independence and how staff are trained to work with families who are non English speaking, or have other communication impairments. **It is not required that you include Family Development Certification, mandatory reporter training, FaDSS ethics training, or MATRIX/DOS training. These are monitored through the FaDSS onsite process.**

Orientation of new staff - Describe the orientation of new staff, which should occur within the first three months and include:

- the organization's mission, philosophy, goals, and services;
- the cultural and socioeconomic characteristics of the service population;
- the organization's place within its community; the organization's personnel manual; and
- lines of accountability and authority within the organization.

Annual/ongoing professional development and support - Discuss how the professional development plan is reviewed or assessed annually to assure training needs are being met. Describe how specialists are engaged in this process in developing their own professional development plans, including the building of leadership skills. Describe how professional development opportunities are individualized and promote or support staff within the organization or profession. Include trainings that occur annually for staff. Also include discussion as to how the 10 training hours required for FaDSS are assessed and developed for each staff.

Support- Discuss how the agency supports the self care of the staff. Discuss if the agency has any mentoring plan for FaDSS staff.

Qualified trainers: Also, address how your agency assures training opportunities have trainers that are qualified.

Section Five: Marketing Plan

Instructions: Provide a discussion of the activities included in marketing your program to others, including potential families and organizations that may potentially refer families to you. Include copies of any brochures, letters or other materials used to market your program. Describe how unsuccessful recruits are provided information on other services that may benefit them. Include a discussion of how referral sources are notified of unsuccessful recruits. How does your program market to diverse populations? Describe your collaborations and current partnerships with other community resources that you connect with to market your FaDSS program.

Section Six: Implementation of Core Components

Instructions: Address each of the core components listed below, identifying all activities related to each component. These activities can include those required by FaDSS standards, such as completing two home visits a month in the first three months. These activities can also include an agency's activities that go beyond the FaDSS standards, such as maintaining two home visits per month beyond the first three months or how the agency implements its referral process.

Assessment: Included with this application is the *Selected Assessment and Screening Tools* guide for FaDSS. Appendix A of the guide outlines the policies and procedures for assessment and screening. Use this to address your assessment plan for this application. Your plan should address the following elements: 1) the specific screening and assessment tools used, including a discussion of the overall "fit" of each tool with the general needs of the families and communities served by your program, 2) a description of how and why a tool may be used with families, 3) time frames for initiation or completion of assessment or screening, and 4) a description tool-specific training provided to staff. If your program chooses to forgo formal assessment or screening of a particular area of focus designated "as indicated in grant application" in section 5.0 Procedures of Appendix A (i.e. substance abuse, mental health or other), please provide the rationale for doing so and a description of your plan to provide informal screening or assessment for this focus area. Your program may submit additional screening and assessment tools for approval using the template provided in Appendix B of the *Selected Assessment and Screening Tools* guide.

Goal Setting: Describe how goals relate to what is learned through the assessment of families, how families are involved in articulating and developing their goals, how goals are supportive of other service plans, including the FIA, and address how goal setting is addressed during crisis.

Home Visiting: Initial Home Visit: Once a family is referred to the program, describe what occurs at typical first home visit with a family.

Home Visit content- include activities that happen at every home visit and activities that take place as needed. What happens when families miss visits? Describe how other family members beyond the head of household are engaged in the home visit.

Describe the process and rational approach to how an adequate level of service intensity is provided to families. Include how you take the family's thoughts and needs into consideration as well as how the specialist and supervisor address service intensity during case reviews.

Describe in detail what circumstances would constitute and need to conduct home visits outside of the home (Quality Visits). Does your program have a policy that addresses when a family should be seen outside of the home? Circumstances may include but are not limited to safety concerns either for the specialist or family, family's current housing situation, or convenience such as part of attending another meeting with the family such as a FIA or Family Team Meeting. How does the program address with the family the issues necessitating the need for out of the home visit through goal setting?

Other Activities: Discuss the services to be provided by your program for the families served, including assistance regarding job-seeking skills, family budgeting, nutrition, self-esteem, methamphetamine education, health, parenting skill development, and child education preparation. These activities can be performed in a variety of settings including home visits or groups.

Referrals and Collaboration: Provide a copy of your Referral and Waiting list policy. Discuss how families are linked to needed services including health services, prenatal care, parent education, mental health, substance abuse, and those designed to help families meet basic needs such as: food and nutrition services; health services; housing services, including transitional living arrangements; transportation services; financial assistance; child care; and respite care. Discuss how your program partners with other service providers to coordinate services.

Discuss what collaborations exist in other programs within your agency that supports the success of families in your program.

Support groups: Describe any support groups offered by your program or other programs that you partner with, include the purpose and duration.

Support: Support in the FaDSS program must be strengths-based and family-focused with careful consideration to the individual and ongoing needs of participants. The FDS plays an important role here in helping families identify what resources they have to build on, followed by what is then needed for them to be successfully. Provide a discussion of how the program supports families through home visits and other contacts with the family and community resources. As support is a component that is engrained in the other components you should discuss how activities such as home visits, assessments and goal setting are used as an opportunity to support families in identifying their strengths and how these can be used to help them be successful.

Case closing/After Care: Discuss the support systems to be developed for the families served during the transition between the need for assistance and self-sufficiency. If not provided directly by your program discuss how other needs of the families will be provided for, including but not limited to childcare assistance, transportation, substance abuse treatment, support group counseling, food, clothing, and housing.

Advocacy and Self-Empowerment: Describe how specialists bridge the connection between families and community services. How are specialists made knowledgeable about what is available and how do they communicate the needs of families to various community resource systems that requires them to advocate for a family? How do specialists transfer to the families the need for them to be self-empowered in order to sustain their self-sufficiency?

Section Seven: Targets for Program Measures

Instructions: Included with the application is a copy of your Grantee Report of Outcome Results for FY15. Using figures from FY 15 as a benchmark please set result targets using the attached Excel spreadsheet for FY 17.

You are required to set targets for all contract measures included on your Grantee Report of Outcome Results. In addition please set targets for 3 of the other measures listed on the Grantee Report of Outcome Results. Provide a discussion of the specific activities your program will engage in that are designed to impact each of these targets. In addition, discuss other data you may collect beyond that required for FaDSS and how this information supports the goals of the FaDSS program.

Section Eight: PROGRAM BUDGET

Use the form provided following these instructions.

COST CATEGORY EXPLANATION / BUDGET DETAIL

Each cost figure is to be allocated to a heading as noted above.

1) Indirect - costs of administering the program. Indirect costs associated with administering the program must be consistent with the organization's recognized federal indirect cost rate. **Please attach a copy of your most recent agreement.** If indirect costs are allocated to the program by a method other than a federal indirect cost rate agreement provide a description of the costing method.

2) Personnel

a. Salaries - salaries of staff. Provide explanation in Budget Detail.

b. Benefits - the entire cost of benefits associated with the salaries. Provide Budget Detail.

3) Travel - costs associated with the program including in-area and out-of-area travel. Please provide your method for calculating this figure in your attached Budget Detail.

Example: Travel is reimbursed at \$.21 per mile. Recent experience suggests \$200 per month to be budgeted for local travel (\$9600 total). Out of Area includes 2 trips (100 miles) to Des Moines for Iowa Family Development Alliance Regional meetings (2 cars) (\$84 total). The organization per Diem rate of \$20 for 20 days (\$400 total) and lodging for 10 nights at \$40 (\$400 total) is also included in this line item (\$10,484 total).

4) Space/Utilities - costs associated with housing your program and its services. Please provide your method for calculating this figure in the Budget Detail.

Example: Space costs of \$2500 are based upon a square foot charge for rent of \$3.00 or \$1600; \$1.50 for electricity or \$800; and \$.20 for trash or \$100.

5) Equipment - is non-consumable, tangible personal property to be used in the performance of the proposed plan, having an acquisition cost of \$2,500 or more, and a useful life expectancy of greater than one year. Purchases of equipment involving \$2,500 or more of FaDSS Funds must be approved in writing by the Department of Human Rights prior to purchase. For further information, please refer to the FaDSS Equipment Purchase Policy.

6) Consultants - are those who will provide specific services through a written agreement with your program. Complete required form for Consultants, see attached.

7) Other - other costs associated with the program.

Subtotal a to g. The subtotal is automatically calculated from a formula in the Excel work sheet.

8) Third Party Payments - are those made on behalf of families to meet some 'special needs' such as automobile repair, deposits, rent assistance and other costs that are not traditionally allowable under categorical programs. You will also include such things as social events, support groups, participant travel and childcare in this category as well. If this line includes funds budgeted for specific purposes (e.g., \$5,000 grant to provide rent assistance, \$3,000 contribution to holiday gifts, \$1,000 for support groups), please provide that level of detail in your Budget Detail. Review page 3.4 in the Basic Information for Grantee's book for allowable uses of third-party payments.

9) Total - This will be the total of each column.

OTHER BUDGET FORMS TO BE COMPLETED

*OTHER SUPPORT

YOU MAY ATTACH ADDITIONAL COPIES OF THIS PAGE IF THE NUMBER OF SOURCES SO REQUIRES.

For the columns provided, list each source of funds and enter the amount to be allocated. In the Source column include if the funds are city cash, citizen cash donations, county tax dollars, state funds, federal funds, or the source of non-cash items.

*CONSULTANT INFORMATION (IF APPROPRIATE)

YOU MAY ATTACH TWO ADDITIONAL PAGES.

For each consultant to your program, provide the requested cost information.

Family Development and Self Sufficiency (FaDSS) Program

ASSURANCES

- I hereby certify that, to the best of my knowledge, all of the information contained in the Application for Renewal is true and correct.
- I understand that the Iowa Department of Human Rights and / or the FaDSS Council reserve the right to request modifications of this application during the process of contract negotiation.
- The application shall serve as the organization's work plan for the thirty-six month period beginning July 1, 2016, and ending June 30, 2019.
- I certify that the Other Supports described in this Application are available for the purpose described. All Other Supports utilized in the FaDSS program will be reported at the end of each year.
- I certify that any grant funds not spent during the contract period will be forfeited.
- I certify that our organization will follow all FaDSS program standards.
- I certify that our organization will follow all applicable state and federal laws.
- I certify that FaDSS staff who have direct contact with families will receive training on legal issues, including: reportable criminal behavior including criminal, acquaintance, and statutory rape; duty to warn; the organization's policies and procedures on confidentiality and disclosure of service recipient information, and penalties for violation of these policies and procedures; and the legal rights of service recipients.
- I certify that families to be served meet one or more criteria for being at risk of dependency on the family investment program or of family instability as outlined 441-165.4(1); and agreement to serve clients that are referred by the department of human services from the family investment program which meet the criteria.

I certify that in the event that other funded services are provided to a family in the FaDSS program, that procedures will outline how these multiple services being provided by the same worker to the family will be provided separately and distinctly from one another.

Signature – Executive Director

Date

Typed or Printed Name

Signature – Board Chair

Date

Typed or Printed Name